

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**5613** **62-021159**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**FILED JUN 15 1962**

VS 300  
Rev. 4/59

1

2 **224**

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4 **0**

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11

12 **75-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		Length of stay in 1b <b>3 day</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP.#1</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3815 CALIFORNIA</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>WIETHOP</b> Last						4. DATE OF DEATH Month <b>JUNE</b> Day <b>4</b> Year <b>1962</b>					
5. SEX <b>M</b>		6. COLOR OR RACE <b>CAU</b>		7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/20/1883</b>		9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LEATHER STRIPPER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>SUNSHINE SHOES CO</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>			
13a. FATHER'S NAME <b>LOUIS</b>				13b. MOTHER'S MAIDEN NAME <b>SOPHIA NEEP</b>				14. NAME OF HUSBAND OR WIFE <b>LILLIE DECEASED</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>NO</b>						16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>877 JULIE - STOCKENBERG 2819 SIDNEY</b>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage into brain stem</b>										INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>										YEARS	
DUE TO (c) <b>331X</b>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <b>5-31-62</b> to <b>6-4-62</b> and last saw <sup>her</sup> him alive on <b>6-4-62</b> Death occurred at <b>12:55 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>Daniel S. Hellman MD</b>						22b. ADDRESS <b>1515 LAFAYETTE AVE.</b>			22c. DATE SIGNED <b>6/4/62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>JUNE 6 - 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ST. PAUL G. MURCH YARD</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS - CO. MO</b>					
24. FUNERAL DIRECTOR <b>SCHUMACHER FUNERAL HOME, INC.</b>						25. DATE RECD. BY LOCAL REG. <b>JUN 5 1962</b>		REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>			

HELLMAN  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

**75**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*W E Morris*

Licensed Embalmer No. 3360

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.